PART B—ISSUE FEE TRANSMITTAL togesterwith applicable rees, to: - Box ISSUE FEE **Assistant Commissioner for Patents** Washington, D.C. 20231 MAILING INSTRUCTIONS: This form should be sed for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed dere appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance order and Distriction of maintenance fees will be mailed to the current. Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used. for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for **Certificate of Mailing** maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) . I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on QM11/1013 the date indicated below. MODIANO & ASSOCIATI VIA MERAVIGLI 16 -20123 MILANO (Depositor's name) ITALY AIR MAIL (Signature) APPLICATION NO. FILING DATE TOTAL CLAIMS: **EXAMINER AND GROUP ART UNIT** DATE MAILED 007 WILLIAM 08/835,559 04/08/97 3722 10/13/98 First Named Applicant DREI. 35 USC 154(b) 0 Days. TITLE OF INVENTION ICE FOR THE ADVANCEMENT OF BARS, PARTICULAR -AUTOMATIC-LUADERS ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE DATE DUE** 3 29727/GM/SG 082-126.000 **K33** UTILITY YES \$660.00 01/13/99 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. 1 Guido MODIANO (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) 2Albert JOSIF PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for ☐ Advance Order - # of Copies_ filing an assignment. (A) NAME OF ASSIGNEE I.E.M.C.A. S.p.A. Industria Elettromeccanica Complessi Automatici 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) DEPOSIT ACCOUNT NUMBER 13-3860 FAENZA - ITALY (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) ☐ individual Corporation or other private group entity □ government Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) Guido MODIANO (Reg. No. 19,928) 12/17/1998 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney 01/07/1999 AIBRAHIN 00000099 133860 08835559 or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. 01 FC:242 605.00 CH Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.